

Trade/Business School:

Parks and Recreation Department 3300 Capitol Avenue, Bldg. B, P.O. Box 5006 Fremont CA 94537-5006

Phone: (510) 494-4300 Job Hotline: (510) 494-4340

For Office Use Only	

## **Recreation Application for Part-time Temporary Employment**

- An electronic version of this form is available on the City's website. Once you have completed the form, you can mail it to Parks and Recreation at the address above. Otherwise, please print clearly using black or blue ink.
- Check the job announcement to see if a resume or a supplemental questionnaire is required.
- Notify the Parks and Recreation Department, if you require reasonable accommodation in the testing process.
- If you have difficulty completing this application, please contact the Parks and Recreation Department.

	,					
<b>Position Desired</b>	(A separate applicatio	n is required for each position	on.)			
Position Desired (give exa	act title):					
Personal Informa	ation (Please notify	us of any change of address	or phone nun	mber.)		
	•					
Last Name:		First Name:			Middle	e Initial:
Street Address:				Apt. N	No.:	
City				Stata	/7in.	
City:				State	/ZIP:	
Home Phone: ( )		Alternate Phone: ( )		Work	Phone: ( )	
Social Security No.		Alternate Priorie: ( )		Work	Thome. (	
(Voluntary):		Email Address:				
Do you currently possess						
a valid CA Driver's License	e? 🗌 Yes 🔲 No	License Number:		Exp. I	Date:	Class:
If hired, can you provide	evidence of your legal i	ight to work in the USA?	Yes No	0		
Do you have any relatives			No	2 U V U	7 N-	
have you ever previously	applied for work with,	or been employed by, the C	ity of Fremont	? Yes _	No	
If yes, when and for/in w	hat nosition?					
-		of the job for which you are	annlying eithe	er with or with	out accommodation	n? ☐ Yes ☐ No
If no, please describe the			арргунід, сітіс	or with or with	out accommodatio	103 140
, p	,					
Hours Sun	Mon Tue W	ed Thu Fri	Sat			
Available						
The Other of Francisco	aller and the first formula			- I- !!! <del> </del>		bla a caracina da Rain
		ment and Housing Act (FEHA) a cants/employees to perform es				
<b>Education &amp; Train</b>	nina					
		vill complete in next 4 month	ns: 6 7 8	9 10 11 1	2 13 14 15 1	6 17 18 19 20
	Name of School	Location			Did you graduate	?
High School:					Yes No	GED or equivalent
	Name of School	Location	Date	Graduated	Degree/Major	Units Completed
Callaga / I brit caraitus						
College/University:						

Name of Applicant: Position Desired: Qualifications, Skills, Certificates & Licenses (Attach additional pages, if needed) Name of License(s) & Certificate Number State **Expiration Date** Software Applications: Typing WPM: Do you have any foreign language skills which may be applicable to the position for which you are applying? 

Yes 
No If yes, indicate what language(s), and for each whether you can (1) speak, (2) read, and (3) write in that language: List any qualifications, skills and awards not listed elsewhere which are relevant to the position. Experience List your most recent experience first and account for all experience during the last 10 years including U.S. Military Service and/or volunteer experience. List each change in title or promotion separately. Attach additional pages if needed. You may attach your resume or job-related certificates. A resume is not a substitute for completing this section of the application. Name of Employer: Job Title: Supervisor's Phone: ( ) Supervisor's Name: Street Address: State/Zip: City: From (Mo./Yr.): To (Mo./Yr.): Hours per week: Salary: **Duties Performed:** No. of Employees Supervised: Reason for Leaving: Experience (continued) Name of Employer: Job Title: Supervisor's Phone: ( ) Supervisor's Name: State/Zip: Street Address: City: From (Mo./Yr.): To (Mo./Yr.): Hours per week: Salary: **Duties Performed:** No. of Employees Supervised:

Reason for Leaving:

Name of Applicant:		Position Desired:	
Experience (continued)			
Name of Employer:		Job Title:	
Supervisor's Name:		Supervisor's Phone: (	)
Street Address:		City:	State/Zip:
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			No. of Employees Supervised:
Reason for Leaving:			
Experience (continued)			
Name of Employer:		Job Title:	
Supervisor's Name:		Supervisor's Phone: (	)
Street Address:		City:	State/Zip:
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			No. of Employees Supervised:
Reason for Leaving:			
Experience (continued)			
Name of Employer:		Job Title:	
Supervisor's Name:		Supervisor's Phone: (	)
Street Address:		City:	State/Zip:
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			No. of Employees Supervised:
Reason for Leaving:			

Name of Applicant:	Position Desired:
May we contact your present employer regarding your qualifications a	nd work record?
May we contact your past employers regarding your qualifications and	I work record?
Have you ever been terminated, other than layoff, or forced to resign If so, please give name of employer, dates of employment and reason	or rejected during probation from employment within the last 10 years? as below. If no, indicate "not applicable."
Conviction	
	ne offense, the surrounding circumstances, and the relevance of the
Agreement	
Agreement of Applicant: I certify that the statements in this application best of my knowledge, and understand that misrepresentation or delikagree to be fingerprinted, to sign an oath of office, and to furnish processing be required as a condition of employment.	perate omission of fact may subject me to disqualification or dismissal. I
Signature	Date
Parks and Recreation Department   City of Fremont   P.O. Box 5	oleted application to: 5006 ● 3300 Capitol Avenue ● Building B ● Fremont, CA 94537-5006
Recruitment Questionnaire	
I <u>first</u> learned about this employment opportunity through:	
A City employee (specify employee name): Friend or relative The City's Job Hotline The Employment page on the City's website The City of Fremont Human Resources Department Another job page on the internet (specify website):  Flyer	☐ Job Fair ☐ College, specify ☐ High School, specify ☐ Hilton Job Faire, specify which high school  ☐ Career Center ☐ College, specify ☐ High School, specify ☐ Mission Valley ROP
Ad Other (specify):	

Name of Applicant: Position Desired:

## **Employment Questionnaire**

Please respond to the following questions and submit this form with your application packet. The completed form is confidential and will be detached from your application. This information is voluntary and is gathered in accordance with State and Federal laws.

Check	one:	
	Female	
	Male	
Check	one:	
	American Indian or Alaskan Native	All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.  Tribal affiliation:
	Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, and Indian subcontinent or the Pacific Islands (excluding the Philippine Islands). These areas include Cambodia, China, Hawaii, Guam, India, Japan, Korea, Malaysia, Pakistan, Samoa, Thailand, and Vietnam.
	Black	When not of Hispanic origin, all persons having origins in any of the Black racial groups of Africa.
	Filipino	All persons having origins in any of the original peoples of the Philippine Islands.
	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
	White	When not of Hispanic origin, all persons having origins in any of the original peoples of Europe, the Middle East or North Africa.
	Other (specify)	